



Submitting an Institutional Claim for Medicare Part B Coverage

If Medicare Part A does not make a payment or does not cover the service, then the provider will need to submit the claim to Nevada Medicaid through the Provider Web Portal (EVS) as a regular Fee-for-Service (FFS) claim. Please following these steps to submit an Institutional claim with Medicare Part B coverage.

Step 1: Select type of claim being submitted (Institutional).

Step 2: Select the Claim Type from the drop-down menu (Inpatient).

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type Inpatient

Step 3: Complete Provider Information, Patient Information and Claims Information as needed.

Step 4: Complete the Claim Information section and select the **Include Other Insurance** checkbox.

Claim Information

* Covered Dates [] - [] (hh:mm)

* Admission Date/Hour [] - [] (hh:mm)

* Admission Type []

* Discharge Hour [] (hh:mm)

* Admission Source []

* Admitting Diagnosis Type ICD-10-CM

* Admitting Diagnosis []

* Patient Status []

* Facility Type Code []

* Patient Number []

Authorization Number []

Include Other Insurance ☒

Total Charged Amount \$0.00

Step 5: Complete Diagnosis Codes and External Cause of Injury Diagnosis Codes, as necessary.

Step 6: Complete the Other Insurance Details to reflect the payment received by Medicare Part B for any Ancillary Services provided.

- Please note: The policy information **will not** auto populate in the Other Insurance Details panel. Other Insurance can be added by completing the following fields:
 - Carrier Name – Enter the other insurance carrier name
 - Carrier ID – Enter the other insurance carrier ID; this is also known as the electronic payer ID
 - Policy Holder Last Name – Enter the last name of the policy holder
 - First Name – Enter the first name of the policy holder
 - MI – Enter the middle initial of the policy holder
 - Policy ID – Enter the policy ID
 - Insurance Type – Select the insurance type from the drop-down list
 - Responsibility – Select the responsibility type from the drop-down list
 - Patient Relationship to Insured – Select the patient relationship to insured from the drop-down list
 - Payer Paid Amount – Enter the amount paid by the other insurance
 - Paid Date – Enter the date the other insurance paid
 - Remaining Patient Liability – Enter the remaining patient liability
 - Claim Filing Indicator – Select the claim filing indicator from the drop-down list



- All fields marked with a red asterisk are required fields. Fields that are not marked with a red asterisk **may** be required depending on the situation.

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
	*Carrier Name	*Carrier ID				
	*Policy Holder Last Name	*First Name			MI <input type="checkbox"/>	
	*Policy ID					
	*Responsibility	*Patient Relationship to Insured				
	Payer Paid Amount	*Paid Date				
	Remaining Patient Liability					
	*Claim Filing Indicator					
	Add Insurance	Cancel Insurance				

- Click "Add Insurance" to add the Other Insurance Details to the claim.
- Click the sequence number of any other insurance line item to add the Claim Adjustment Details as reflected on the Medicare Part B Explanation of Benefits (EOB).

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	BS001	000000011	\$150.00	06/01/2018	Remove

Carrier Name: Blue Shield Carrier ID: BS001

*Policy Holder Last Name: CLMGLZ *First Name: ISACC MI ☐

*Policy ID: 000000011

*Responsibility: P-Primary *Patient Relationship to Insured: 18-Self

Payer Paid Amount: 150.00 *Paid Date: 06/01/2018

Remaining Patient Liability: 100.00

*Claim Filing Indicator: BL-Blue Cross/Blue Shield

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<input type="checkbox"/> Click to collapse.					
	*Claim Adjustment Group Code				
	*Reason Code				
	*Adjustment Amount		Adjusted Units		
	Add Adjustment	Cancel Adjustment			
	Save Insurance	Cancel Insurance			

Step 7: Complete Condition Codes, Occurrence Codes, Value Codes, Surgical Procedures as necessary.

- For Medicare Part A exhaust claims, the Occurrence Code portion of the claim is required.
- For Medicare Part B only claims (recipient does not have Medicare Part A on file), the Value Codes portion of the claim is required.

Step 8: Add Service Details.

- Up to 50 service details can be added to an institutional claim
- Revenue Codes, Procedure Codes and Modifiers are searchable
- Click "Add" button to add each service detail
- Click "Remove" link to remove any service detail added to the claim in error



Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	0121-R&B-2 Bed-Med-Surg-Gyn		05/01/2018	05/10/2018	10.00 Days	\$1,000.00	Remove
2					0.000		

2 *Revenue Code HCPCS/Proc Code

Modifiers

From Date To Date *Units *Unit Type

*Charge Amount

[Add](#) [Reset](#)

Step 9: Add Attachments as necessary. Note: It is not necessary to upload the EOB.

Step 10: Select "Submit" to submit the claim to Nevada Medicaid for processing.